			<u></u>		<u> </u>			~}					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003							ORC	Application or Docke; Number					
-	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	ENTITY	OF	OTHE SMALL	R THAN	
T	OTAL CLAIM	S]	BATE	FEE	٦¨	BATE	FEE\	
FOR			NUMBER FILED		NUM	ARTX3 R38MUN		BASIC F			BASIC FE	-)	
TOTAL CHARGEABLE CLAIMS			2 minus 20=		•			XS 9=		OF	VS.	<u> </u>	
INDEPENDENT CLAIMS			minus 3 =		•			X43=		-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 	
M!	ULTIPLE DEPE	NDENT CLAIM F	RESENT									 	
• 1	the differenc	e in column 1 is	less than zero, enter "0" in colu			column 2	•	+145=		JOR	L	 	
								TOTAL	- L	JOR			
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALI	L ENTITY	OR		ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMEADMENT,		HIGHE NUME PREVIO PAID	USLY	PRESENT EXTRA	4	RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONA: FEE	
	Total	. 75	Minus	- 0	Y	<i>z</i> /	1 [XS 9=		OA	X\$18=		
	Independent		Minus					X43= ·		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
		•					Ĺ	TOTAL		OR ·	TOTAL	<u> </u>	
	(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus			3		X\$ 9=		OR	X\$18=		
	Independent		Minus			=		X43=		OR-	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI				CLAIM		-	+145=		OR.	+290=		
							Ŀ	TOTAL	 	OR	TOTAL		
							A	DOIT. FEE	<u> </u>	ION ,	ADDIT. FEE		
	(Column 1) (Column 2) (Column 3). CLAIMS HIGHEST							·	LADDI			A 0.01	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	*		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	\vdash	X43=			X86=		
٩	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		-			OR			
+145=										OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20. ***If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3." **OR ADDIT. FEE											TOTAL DDIT, FEE		
. T	ne Highest Nur he 'Highest Num	nber Previously Pai ber Previously Paid	o For: IN THI! For (Total or	SPACE is l Independent	ess than) is the h	J. enter "3." sighest number			propriate box				